

Alaska" (I.D. 090998A) received on September 17, 1998; to the Committee on Commerce, Science, and Transportation.

## REPORTS OF COMMITTEES

The following reports of committees were submitted:

By Mr. D'AMATO, from the Committee on Banking, Housing, and Urban Affairs, with an amendment in the nature of a substitute:

H.R. 10. A bill to enhance competition in the financial services industry by providing a prudential framework for the affiliation of banks, securities firms, and other financial service providers, and for other purposes (Rept. No. 105-336).

By Mr. MURKOWSKI, from the Committee on Energy and Natural Resources, without amendment:

H.R. 2493. A bill to establish a mechanism by which the Secretary of Agriculture and the Secretary of the Interior can provide for uniform management of livestock grazing on Federal lands.

## EXECUTIVE REPORT OF COMMITTEE

The following executive report of committee was submitted:

By Mr. HATCH, from the Committee on the Judiciary:

Robert Bruce King, of West Virginia, to be United States Circuit Judge for the Fourth Circuit.

(The above nomination was reported with the recommendation that he be confirmed.)

## INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second time by unanimous consent, and referred as indicated:

By Mr. DURBIN (for himself, Ms. SNOWE, Ms. COLLINS, Mr. TORRICELLI, Ms. MIKULSKI, Mr. GRAHAM, Ms. LANDRIEU, Mr. LIEBERMAN, Mr. BINGAMAN, and Mr. INOUE):

S. 2497. A bill to ban certain abortions; to the Committee on the Judiciary.

By Mr. GRASSLEY (for himself and Ms. MOSELEY-BRAUN):

S. 2498. A bill to amend the Internal Revenue Code of 1986 to clarify the tax treatment of agricultural cooperatives and to allow declaratory judgment relief for such cooperatives; to the Committee on Finance.

By Mr. GLENN:

S. 2499. A bill to provide for a transition to market-based rates for power sold by the Federal Power Marketing Administrations and the Tennessee Valley Authority, and for other purposes; to the Committee on Energy and Natural Resources.

By Mr. ENZI (for himself, Mr. THOMAS, and Mr. BINGAMAN):

S. 2500. A bill to protect the sanctity of contracts and leases entered into by surface patent holders with respect to coalbed methane gas; to the Committee on Energy and Natural Resources.

By Ms. MOSELEY-BRAUN (for herself and Mr. GRASSLEY):

S. 2501. A bill to amend the Internal Revenue Code of 1986 to exempt small issue bonds for agriculture from the State volume cap; to the Committee on Finance.

## STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. DURBIN (for himself, Ms. SNOWE, Ms. COLLINS, Mr. TORRICELLI, Ms. MIKULSKI, Mr. GRAHAM, Ms. LANDRIEU, and Mr. LIEBERMAN):

S. 2497. A bill to ban certain abortions; to the Committee on the Judiciary.

THE LATE-TERM ABORTION LIMITATION ACT OF 1998

Mr. DURBIN. Mr. President, today the Senate is beginning consideration of a very controversial and contentious issue, the veto override of the Partial-Birth Abortion Ban Act.

I will vote to sustain the President's veto of this bill, which I believe is seriously flawed. But to make my position clear and state in positive terms what I believe we should do to address this troubling issue, I am introducing legislation today known as the Late-Term Abortion Limitation Act of 1998.

I am pleased to have a bipartisan group of Senators as original cosponsors of this legislation, including Senators SNOWE, COLLINS, TORRICELLI, MIKULSKI, GRAHAM, LANDRIEU, and LIEBERMAN.

We believe that post-viability abortions should be allowed in only two types of situations—when the life of the mother is in danger or when she faces a medically certified risk of grievous physical injury.

Senators DASCHLE and SNOWE put forward a measure last year that reflected this principle. I support them, and our legislation builds on what they did.

Our bill has one significant difference from the Daschle proposal, an addition that we believe enhances the Daschle amendment. Our legislation would require a second non-treating doctor's certification that the abortion is medically necessary to protect the life of the mother or prevent grievous physical injury. This second certification could be waived only in the case of a medical emergency, and the physician would have to document the nature of the medical emergency.

We believe this approach is one that can be passed in the United States Senate. It is backed by a substantial and bipartisan group of Senators. It is a compromise approach that can bring to a reasonable conclusion the long-running debate over late-term abortion procedures. I urge my colleagues to read the language closely and give it careful consideration as a good faith effort to resolve this troubling issue in a fair and humane manner.

Unlike the Partial Birth Abortion Ban Act, this legislation would actually reduce the number of late-term abortions because, instead of banning only one procedure, the measure would ban all post-viability abortions except when a continuation of the pregnancy risks grievous physical injury to the mother or poses a threat to her life.

At the same time, the legislation holds to the Roe versus Wade standard which makes a clear distinction be-

tween abortions occurring before and after viability. Unlike the partial birth abortion ban, our bill preserves this important distinction and is thus more likely to pass court scrutiny. Before viability, a decision to have an abortion must be made by a woman, her doctor, her family, and her conscience. But in the closing weeks of a pregnancy, the court affirms a role for addressing the public concern about late-term abortions and makes it clear that the State can draw the line limiting abortions to the most serious circumstances.

I hope the legislation we are introducing today can help us resolve this debate once and for all, in a manner that is consistent with our laws and the views of most of the American people.

I ask unanimous consent that a summary of the bill and the text of the measure be printed in the RECORD.

There being no objection, the items were ordered to be printed in the RECORD, as follows:

S. 2297

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

### SECTION 1. SHORT TITLE.

This Act may be cited as the "Late Term Abortion Limitation Act of 1998".

### SEC. 2. BAN ON CERTAIN ABORTIONS.

(a) IN GENERAL.—Title 18, United States Code, is amended by inserting after chapter 73 the following:

#### "CHAPTER 74—BAN ON CERTAIN ABORTIONS

"Sec.

"1531. Prohibition of post-viability abortions.

"1532. Penalties.

"1533. Regulations.

"1534. State law.

"1535. Definitions

#### "§ 1531. Prohibition of Post-Viability Abortions.

"(a) IN GENERAL.—It shall be unlawful for a physician to intentionally abort a viable fetus unless the physician prior to performing the abortion—

"(1) certifies in writing that, in the physician's medical judgment based on the particular facts of the case before the physician, the continuation of the pregnancy would threaten the mother's life or risk grievous injury to her physical health; and

"(2) an independent physician who will not perform nor be present at the abortion and who was not previously involved in the treatment of the mother certifies in writing that, in his or her medical judgment based on the particular facts of the case, the continuation of the pregnancy would threaten the mother's life or risk grievous injury to her physical health.

"(b) NO CONSPIRACY.—No woman who has had an abortion after fetal viability may be prosecuted under this chapter for conspiring to violate this chapter or for an offense under section 2, 3, 4, or 1512 of title 18.

"(c) MEDICAL EMERGENCY EXCEPTION.—The certification requirements contained in subsection (a) shall not apply when, in the medical judgment of the physician performing the abortion based on the particular facts of the case before the physician, there exists a medical emergency. In such a case, however, after the abortion has been completed the physician who performed the abortion shall certify in writing the specific medical condition which formed the basis for determining that a medical emergency existed.